



Electronic Ballot Transmission Cover Sheet for Individuals with a Disability



Print this completed and signed form. Return it in person or via regular mail with your voted ballot to the county election office.

To: [election office should type election office mailing address information or place label with the election office mailing address information in the space below before providing form to elector]

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From: [election office should type voter's mailing address or place voter's ballot mailing label in the space below before providing form to voter]

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Voter must complete the following section

Email Address	
Date of Birth	
MT Driver's License # or Last four of SSN#	

By signing below, I affirm and acknowledge the following:

1. I am registered to vote in Montana or am entitled to vote in this election because of special provisions;
2. I am eligible to receive and vote an electronic ballot because I am an individual with a disability in accordance with [13-3-202 Montana Code Annotated](#);
3. I have not voted another ballot for this election;
4. I understand that attempting to vote more than once is a violation of Montana election laws; and
5. I understand that failure to fill out the signature information below may invalidate my ballot.

Signature of Elector

Date Signed

If elector cannot sign, may use fingerprint, mark or Agent, or provide driver's license number or last four digits of social security number on the signature line.

Note to Election Administrator: This transmittal cover sheet must be retained in a sealed envelope or container separately from the ballots. [ARM 44.3.2511(1)(d)]